

American Speech-Language-Hearing Association
Statement for the Record for House Ways and Means Committee
Health Subcommittee Hearing on
“Charting the Path Forward on Telehealth”
May 10, 2021

Chairman Doggett and Ranking Member Nunes: The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit this statement to the Committee for the hearing, “Charting the Path Forward on Telehealth.” My name is A. Lynn Williams, PhD, CCC-SLP, ASHA’s President for 2021.

ASHA is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Overview

Audiologists and speech-language pathologists (SLPs) are highly educated, trained, and certified health care professionals who are licensed in every state to provide diagnostic and treatment services. They provide patient-centered care in the prevention, identification, diagnosis, and evidence-based treatment of hearing, balance, speech, language, cognitive-communication, and swallowing disorders in individuals of all ages. The dedicated individuals of both professions work tirelessly to help realize ASHA’s vision of making effective communication accessible and achievable for all.

ASHA’s members, including the almost 30,000 in Texas and California combined, work across health care settings to help people learn, maintain, or improve skills and functional abilities that have not developed normally (habilitation), and to regain skills that have been impaired due to injury, illness, or condition(s) that have impacted normal functioning (rehabilitation).

Audiologists and SLPs provide services supporting the overall health and well-being of their patients to ensure that people of all ages—especially older Americans—can properly manage and/or avoid costly conditions or impairments that could negatively impact their health and impose avoidable costs on the health care system.

Medicare and Telehealth

Since Medicare is the primary federal program seniors rely on for health care, ensuring that statute and regulations provide sufficient access to the critical audiology and speech-language pathology services ASHA members provide is critical, particularly for individuals in rural and medically underserved areas, and for those with mobility limitations and/or transportation challenges. The delivery of services through telehealth holds the promise to help ensure that access, both during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) and beyond. However, statutory changes are necessary to turn that promise into a reality.

Prior to the COVID-19 PHE, statutory limitations in Section 1834(m) of the Social Security Act severely restricted the delivery of telehealth services under Medicare, including audiology and speech-language pathology services. It also restricted Medicare telehealth reimbursement to

beneficiaries in rural areas and only at designated originating sites. These outdated restrictions are unnecessary, as both audiologists and SLPs are qualified providers of telehealth services and provide services in this manner under many state laws and other payer policies, including Medicaid. These restrictions unfairly penalize older Americans as many non-Medicare beneficiaries can obtain services directly from audiologists and SLPs through telehealth.

ASHA appreciates Congress addressing these deficiencies by enacting Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136), which authorized the Secretary of the Department of Health and Human Services (HHS) to waive telehealth restrictions in Section 1834(m) during the COVID-19 PHE. Subsequently, HHS has used that authority to add 34 key audiology and speech-language pathology services to the telehealth services list and authorized audiologists and SLPs to be reimbursed for their delivery. The Centers for Medicare & Medicaid Services (CMS) also waived requirements associated with originating sites, allowing beneficiaries to receive telehealth services in their homes, a critical measure that was necessary to mitigate COVID-19 transmission risk. Unfortunately, HHS's authority to enable audiologists and SLPs to furnish telehealth services expires when the COVID-19 PHE ends.

ASHA supports two bills, which the Committee has jurisdiction over, that would ensure permanent access to telehealth services provided by audiologists and SLPs.

Medicare Audiologist Access and Services Act (H.R. 1587)

ASHA supports H.R. 1587, the *Medicare Audiologist Access and Services Act*, which would give Medicare beneficiaries direct access to the full range of Medicare covered diagnostic and treatment services that audiologists are licensed to provide, and would reclassify audiologists as practitioners under Medicare, enabling the delivery of services through telehealth permanently. These provisions were included in Section 602 of H.R. 3, the *Elijah E. Cummings Lower Drug Costs Now Act*, which the House passed in the 116th Congress.

These changes are necessary because Medicare precludes seniors from accessing the full range of services provided by audiologists in a timely manner by requiring a physician order and limiting reimbursement to diagnostic services only, even though audiologists' scope of practice includes auditory and vestibular treatment and neurological monitoring.

Medicare already covers hearing health treatment services but only when furnished by clinicians such as physicians or other nonphysician practitioners. However, most private health plans, Federal Employees Health Benefits (FEHB) Program plans, the U.S. Department of Veterans Affairs (VA), and some Medicare Advantage plans allow for direct access to audiology services, which is consistent with state laws.

The restrictions on audiologists to provide only diagnostic services to Medicare beneficiaries after they have obtained a physician order limits the patient's access to timely hearing health care and may increase health care costs. In fact, the National Academy of Sciences issued a report, "Hearing Health Care for Adults: Priorities for Improving Access and Affordability", which recommended Medicare coverage of audiology treatment.¹

In addition, research conducted by the Johns Hopkins Bloomberg School of Public Health has found that "older adults with untreated hearing loss incur substantially higher total health care costs compared to those who don't have hearing loss—an average of 46%, totaling \$22,434 per person over a decade."²

Since individuals with mild hearing loss are three times more likely to experience a fall, and falls are the leading cause of fatal injury for Americans over 65, early diagnosis and timely treatment of hearing and balance impairments by audiologists help older Americans avoid more serious and costly health care problems that undermine their quality of life. Seniors with hearing loss develop cognitive problems and experience cognitive decline up to 40% faster than those with normal hearing.^{3, 4, 5} Untreated hearing loss also leads to depression, anxiety, and social isolation.⁶

Furthermore, the World Health Organization has highlighted that social isolation resulting from COVID-19 lockdowns has heightened the importance of ear and hearing care by emphasizing that rehabilitation can help ensure that those affected, and society at large, avoid the adverse consequences.⁷

Representatives Tom Rice and Matt Cartwright have introduced H.R. 1587, which fixes the statutory barriers that unfairly prevent seniors from accessing audiologic care in a timely manner by enabling audiologists to provide both diagnostic and treatment services, allowing beneficiaries direct access to audiologists without a physician order, and reclassifying audiologists as practitioners under Medicare, which would allow these licensed health care professionals to permanently provide telehealth services beyond the COVID-19 PHE.

ASHA encourages the Committee to include H.R. 1587, the *Medicare Audiologist Access and Services Act*, in any legislative initiative the Committee may develop to expand telehealth beyond the COVID-19 PHE.

Expanded Telehealth Access Act (H.R. 2168)

ASHA also supports H.R. 2168, the *Expanded Telehealth Access Act*, a more narrowly focused bill that would specifically provide both audiologists and SLPs, as well as physical therapists and occupational therapists, permanent telehealth authority in Medicare. This bill, introduced by Representatives Mikie Sherrill and David McKinley, has 23 bipartisan cosponsors and has also been referred to the Committee.

SLPs have played an important role in providing critical speech, language, swallowing, and cognition related care to Medicare beneficiaries through telehealth during the PHE. Providing these services through telehealth has not only helped deter the spread of COVID-19 but also increased access to services for individuals in rural and medically underserved areas and those with mobility problems and/or transportation limitations.

To meet the long-term needs of Medicare beneficiaries and provide services in an effective and efficient manner, SLPs must be able to continue offering telehealth services. This is especially critical with emerging research data indicating a link between individuals with Post-Acute Sequelae of SARS-CoV-2 infection (PASC) and long-term symptoms resulting from COVID infection, a condition commonly referred to as COVID long-haulers.⁸ SLPs are an integral part of an integrated multidisciplinary care team needed to care for COVID long-haulers, many of whom are experiencing swallowing and cognitive deficits that SLPs can identify and treat to mitigate their lasting effects and help patients regain or maintain their functional abilities.

CMS initially used CARES Act authority to authorize SLPs to bill for a limited number of speech and language related codes, which was effective on April 30, 2020.⁹ Subsequently, on March 30, 2021, CMS expanded the list of services SLPs can provide to include additional key

swallowing and cognition services—resulting in a more comprehensive list of eligible telehealth services these professionals can provide to Medicare beneficiaries.¹⁰ SLPs are authorized to provide telehealth services through the duration of the COVID-19 PHE, but when the PHE ends, Medicare patients will lose access these critical services without legislative intervention.

ASHA encourages the Committee to include H.R. 2168, the *Expanded Telehealth Access Act*, in any legislative initiative the Committee undertakes to expand telehealth beyond the COVID-19 PHE.

Conclusion

ASHA and its 218,000 members nationwide encourage the Committee to include the *Medicare Audiologist Access and Services Act* (H.R. 1587) and the *Expanded Telehealth Access Act* (H.R. 2168) in any legislative effort to expand telehealth beyond the COVID-19 PHE so that seniors continue to have access to the hearing and balance care provided by audiologists and the speech, language, swallowing, and cognitive care provided by SLPs. CMS has recognized that these health care professionals can and should be able to provide key services through telehealth by allowing such service delivery during the COVID-19 PHE. This authority should be made permanent so they can continue to do so once the PHE ends.

Thank you for the opportunity to provide this statement for the record. ASHA appreciates the Committee's interest in the path forward on telehealth and looks forward to working with the Committee to ensure audiologists and SLPs can provide timely, quality, and clinically appropriate services to Medicare beneficiaries in the most appropriate manner and as cost effectively as possible. For more information, contact Jerry White, ASHA's director of federal and political affairs, at jwhite@asha.org.

¹ National Academies of Sciences Engineering Medicine. (2016). *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. Retrieved from <http://nationalacademies.org/hmd/reports/2016/Hearing-Health-Care-for-Adults.aspx>.

² Reed, Nicholas S., et al. (2018). *Trends in Healthcare Costs and Utilization Associated with Untreated Hearing Loss Over 10 Years*. Retrieved from <https://www.jhsph.edu/news/news-releases/2018/patients-with-untreated-hearing-loss-incur-higher-health-care-costs-over-time.html>.

³ Lin, Frank and Ferrucci, Luigi. (2012). *Hearing Loss and Falls Among Older Adults in the United States*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518403/>.

⁴ Centers for Disease Control and Prevention. (2018). *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>.

⁵ Lin, Frank and Yaffe, Kristine. (2013). *Journal of the American Medical Association: Hearing Loss and Cognitive Decline in Older Adults*. Retrieved from <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452>.

⁶ Oxford Academic. (2012). *Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later*. Retrieved from <https://academic.oup.com/ageing/article/41/5/618/47025/Hearing-impaired-adults-are-at-increased-risk-of>.

⁷ World Health Organization. (2021). *World Report on Hearing: Executive Summary*. <https://www.who.int/health-topics/hearing-loss>.

⁸ USA Today. (2021). *COVID-19 long haulers: Fauci Announces Nationwide Initiative*. <https://www.usatoday.com/story/news/health/2021/02/24/covid-19-long-haulers-fauci-announces-launch-nationwide-initiative/4572768001/>.

⁹ American Speech-Language-Hearing Association. (2020). *Medicare Expands Telehealth Services to Audiologists and SLPs During the COVID-19 Pandemic*. <https://www.asha.org/news/2020/medicare-expands-telehealth-services-auds-and-slps-phe/>.

¹⁰ American Speech-Language-Hearing Association. (2021). *CMS Makes Critical Decision to Expand Medicare Telehealth Coverage for Audiology and Speech-Language Pathology Services*. <https://www.asha.org/news/2021/cms-makes-decision-to-expand-medicare-telehealth-services/>.